


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Fitts et al.			RGP-0072
Serial No. 10/053,346	Filing Date January 18, 2002	Examiner Not Assigned	Group Art Unit 1745
Invention: Apparatus and Method for Electrochemical Cell Components			
<p>I hereby certify that this <u>Preliminary Amendment (16 pgs.), Transmittal (1pg.), Cert. of Trans. by Fax</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9310</u>)</p> <p>on <u>May 12, 2003.</u> (Date)</p> <p style="text-align: right;">B</p> <p style="text-align: center;"><u>Connie Wussow</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: center;"><u>Connie Wussow</u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. RGP-0072	
Applicant(s): Fitts et al.					
Serial No. 10/053,346	Filing Date January 18, 2002	Examiner Not Assigned		Group Art Unit 1745	
Invention: Apparatus and Method for Electrochemical Cell Components					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	89 -	89 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	9 -	8 =	1 x	\$84.00	\$84.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$84.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of \$84.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: May 12, 2003		
Leah M. Reimer Registration No. 39,341 Customer No. 23413			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. Signature of Person Mailing Correspondence VIA FACSIMILE Typed or Printed Name of Person Mailing Correspondence		
CC:					